



YES, I'd like to participate in The Accommodation Program.[®]
Please send me the FREE Source Book and FREE materials catalog.



Your Name (Please print clearly) _____
Your Title _____
Business Name _____
Business Address (No P.O. boxes please) _____

City _____ State _____ Zip _____
Phone _____ Fax _____

(Check All That Apply.)

Restaurant: ☐ Fine Dining ☐ Midscale ☐ Quick Service
☐ Hotel ☐ Bowling Center ☐ Shopping Mall ☐ Stadium/Arena ☐ Bar/Tavern ☐ Airport
☐ Association ☐ Casino ☐ Other (Please specify) _____
Chain Operator ☐ Local ☐ Regional ☐ National
☐ Independent Operator
Number of Locations _____

☐ Yes, you may use my establishment's name as a participant of The Accommodation Program for consumer listings, advertising, and other promotional materials without further notice or payment of any fee or expense to me or my establishment as per my signature below.

Signature _____

The Accommodation Program, Division of Philip Morris Incorporated

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